lease type a plus sign (+) inside this hox->/ + /	Atty Doc. No. 51416 Total Page 8
PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
TRANSMITTAL	Christian WALSDORFF
	Express Mail Label No

TRANSMITTAL	Christian WALSDORFF		
	Express Mail Label No		
Application Elements	Address To: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231		
1./X / Fee transmittal Form (Submit an original, and a duplicate for fee processing) 2./X/Specification Total Pages / (Preferred arrangement set for below)	<ul><li>6. / / Microfiche Computer Program (Appendix)</li><li>/7./ /Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</li></ul>		
Descriptive title of the Invention	a./ / Computer Readable Copy		
Cross References to Related Application	b/ / Paper Copy (Identical to computer copy)		
Statement Regarding Fed. Sponsored R & D	c/ / Statement verifying identity of above copies		
Reference to Microfiche Appendix	ACCOMPANYING APPLICATIONS PARTS		
Background of the Invention	8./ X/ Assignment Papers (cover sheet & document(s)		
Brief Summary of the Invention	9/ / 37 CFR 3.73(b)Statement / /Power of Attorney		
Brief Description of the Drawings (if filed)	10./ /English Translation Document (if applicable)		
Detailed Description	11./ /Information Disclosure / / Copies of IDS Citations		
Claim(s)	12./ X/Preliminary Amendment		
Abstract of the Disclosure	13./ x/Return Receipt Postcard (MPEP 503)		
3./ / Drawing(s)(35 USC 113)(Figs.)  Total Sheets / /  4./ X /Oath or Declaration  Total Pages/ 3 /  a / / Newly executed (original or copy)  b./ /Copy from a prior application (37 CFR 1.63(d)	on ng quisite information:		
CORRESPONDENCE ADDRESS			
	or //Correspondence address below		
/ / Customer Number or Bar code Label	or / / Correspondence address below		

<ol><li>17. If a Conti</li></ol>	nuing Application	ı, check appropria	ite box and supply the requisite i	itormation:	
	/Continuation	/ /Divisional	/ / Continuation-in part (CIP)	of prior application No.	
•	Communion	, , , , , , , , , , , , , , , , , , , ,	· / • • • • • • • • • • • • • • • • • •	· ·· —	
CORRESPO	NDENCE ADDRI	ESS			

Insert Customer No. or Attach bar code label here

Name:

Herbert B. Keil KEIL & WEINKAUF

1101 Connecticut Ave., N.W.

Address: City

Washington

State: D.C.

Zip Code 20036

Country

USA

Telephone: (202)659-0100

Fax: (202)659-0105

The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$355./\$710.	
Basic Fee				\$ 710.00	
Total Claims:	<u>11</u> -20	) = x	\$09./\$18. =		
Indep. Claims:	13	3 = 3 x	\$40./\$80. =		
[ ] Multiple Dependent Claim(s) presented:\$135./270 =					
[x] A check is	enclosed f	for the filir	ng fee.	\$ <u>710.00</u>	
476 th 3166	, ,		<del></del>		

<sup>\*</sup>If the difference is less than zero, enter "0".

- [X] A check for \$750.00 for the filing fee and assignment recordation.
- [X] The Commissioner is hereby authorized to charge any other fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

1101 Connecticut Ave., N.W Washington, D.C. 20036 (202)659-0100